

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10	1					
11						
12						
13						
14						
15	1					
16						
17		2				
18		2				
19		2				
20		2				
21		2				
22		2				
23		2				
24		2				
25		2				
26	1					
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40	1					
41	1					
42	1					
43						
44						
45						
46						
47	1					
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

51						
52	1					
53						
54	1					
55						
56						
57						
58						
59	1					
60						
61						
62	1					
63	1					
64						
65	1					
66	1					
67	1					
68						
69						
70						
71						
72	1					
73		1				
74						
75						
76	1					
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	18					
TOTAL DEP.						
TOTAL CLAIMS						

20 84
9 23
29.9 107